

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-019799

STATE FILE NUMBER

Registration District No. 273

Primary Registration District No. 3051

Registrar's No. 75

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10795

20795

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131-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 4 1962

1. PLACE OF DEATH  
a. COUNTY Perry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Perryville

Length of stay in 1b  
6 Weeks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 319 Grand

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo b. COUNTY Perry

c. CITY OR TOWN Perryville Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 319 Grand Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last  
(Type or print) Harold E Milner

4. DATE OF DEATH Month Day Year  
May 22 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 6-4-09

9. AGE (last birthday) 52

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Forman

10b. KIND OF BUSINESS OR INDUSTRY  
Int. Shop Co.

11. BIRTHPLACE (City and state or country)  
Cisne Ill.

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME  
Fred E Milner

13b. MOTHER'S MAIDEN NAME  
Clara Murphy

14. NAME OF HUSBAND OR WIFE  
Isabelle Mack Milner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
Mrs Harold E Milner Perryville

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH  
immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5/21/62 to 5/22/62 and last saw her alive on 5/21/62  
Death occurred at 4:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Stanley H. Regan M.D. (Degree or title)

22b. ADDRESS Perryville Mo

22c. DATE SIGNED 5/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 5-23-1962

23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery

23d. LOCATION (City, town, or county) Flora

Illinois

24. FUNERAL DIRECTOR

ADDRESS

Young Sons Perryville Mo

25. DATE RECD. BY LOCAL REG. 5-23-62

26. REGISTRAR'S SIGNATURE

Joe J. Zallman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUN 6 1962  
AUG 9 1962  
JUN 19 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.